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Each additional paper, such as an assignment or formal drawing, in have its own certificate of mailing or transmission. 11/06/2003 7590 022434 BEYER WEAVER & THOMAS LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO, on the date indicated below. P.O. BOX 778 BERKELEY, CA 94704-0778 Natalie Morgan (Depositor's na (Signat December 22, 2003 (D FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 08/25/2000 Akella V. S. Satya KLA1P016G 5883 09/648,381 TITLE OF INVENTION: MULTI-PIXEL METHODS AND APPARATUS FOR ANALYSIS OF DEFECT INFORMATION FROM TEST STRUCTURES SEMICONDUCTOR DEVICES SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE \$0 \$1330 02/06/2004 NO \$1330 nonprovisional ART UNIT **CLASS-SUBCLASS EXAMINER** STEVENSON, ANDRE C 2812 382-149000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Beyer, Weaver & 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or Thomas, LLP agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ti≅rv R. o firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) KLA-Tencor San Jose, CA Please check the appropriate assignee category or categories (will not be printed on the patent); individual Corporation or other private group entity 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. X) Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. any deficiencies ☐ Publication Fee 10 M The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-0388 (enclose an extra copy of this form). 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